TRANSMITTAL LETTER 00000131

Department of State Division of Corporations O. Box 6327 allahassee, FL 32314

ь		
۱	RIFCT	

The Italian-American Association of South Florida

(Proposed corporate name - must include suffix)

8000003074658----12/20<u>/</u>99<u>--</u>01052--<u>0</u>01 *****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- \$70.00
- \$78.75
- Filing Fee
- . Filing Fee & Certificate
- \$122.50
- \$131.25
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

Guy Thomas Strempack FROM:

Name (Printed or typed)

P.O. Box 715

Address

Dania, Florida 33304

City, State & Zip

305-661-7190

Daytime Telephone number

nga, 5131626, 3395, AUTHORIZATION BY PHONE TO

CORRECT art # + PI DATE

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 22, 1999

GUY THOMAS STREMPACK POST OFFICE BOX 715 DANIA, FL 33304

SUBJECT: THE ITALIAN-AMERICAN ASSOCIATION OF SOUTH FLORIDA Ref. Number: W99000029193

We have received your document for THE ITALIAN-AMERICAN ASSOCIATION OF SOUTH FLORIDA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown Document Specialist

Letter Number: 299A00059945

FILED

2000 JAN -6 AM 10: 14

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Non-Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida nonprofit Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the not for profit corporation shall be: The Italian-American Association of South Florida, Corp.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2255 NE 164th Street, North Miami Beach, Fl 33160 305-945-6381 (phone)

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is: To promote Italian-American heritage in the South Florida area.

ARTICLE IV: MANNER OF ELECTION

Board of Directors are elected as stated in the By-Laws.

ARTICLE V: DIRECTORS/OFFICERS (OPTIONAL)

The names and addresses:

President Ralph Secondo / 13745 NW 1st Avenue Miami, Fl 33168

ARTICLE VI: REGISTERED AGENT AND STREET ADDRESS

The name(s) and Florida street address of the registered agent is/are:
Guy Thomas Strempack, 2255 NE 164th_Street, North Miami Beach, FL 33160.

ARTICLE VII: INCORPORATOR

The name and addresses of the Incorporator is: Guy Thomas Strempack, @2255 NE 164th Street, North Miami Beach, FL 33160.

FILED
2000 JAN -6. AM IO 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:
	South Florida, Corp.
2.	The name and address of the registered agent and office is:
	Guy Thomas Strempack (NAME)
	2255 NE 164th Street (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	North Miami Beach, FL 33160 (CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

My (SIGNATURE) 1-4-00 (DATE)